

Deduction Codes and Plan Options for Open Enrollment May 2004

Deduction Code Plan Code Rate

Delta Dental **Pre-Tax**

Employee Only	115	T1	4.25
Employee and Spouse	115	T2	25.50
Employee and 1 Child	115	T3	21.25
Employee, Spouse and Child	115	T4	37.00
Employee and 2 or More Children	115	T5	33.00
Employee, Spouse and Children	115	T6	43.00

Delta Dental **Post-Tax**

Employee Only	815	TA	4.25
Employee and Spouse	815	TB	25.50
Employee and 1 Child	815	TC	21.25
Employee, Spouse and Child	815	TD	37.00
Employee and 2 or More Children	815	TE	33.00
Employee, Spouse and Children	815	TF	43.00

Blue Cross Traditional Coverage **Pre-Tax**

Employee Only	118	FA	28.50
Employee and Spouse with Dependent Vision	118	FB	72.00
Employee and Spouse without Dependent Vision	118	FC	70.00
Employee and 1 Child with Dependent Vision	118	FD	49.00
Employee and 1 Child without Dependent Vision	118	FE	46.00
Employee, Spouse and Child with Dependent Vision	118	FF	89.00
Employee, Spouse and Child without Dependent Vision	118	FG	85.00
Employee and 2 or More Children with Dependent Vision	118	FH	66.00
Employee and 2 or More Children without Dependent Vision	118	FI	63.00
Employee, Spouse and Children with Dependent Vision	118	FJ	101.00
Employee, Spouse and Children without Dependent Vision	118	FK	95.00

Blue Cross Traditional Coverage **Post-Tax**

Employee Only	818	GA	28.50
Employee and Spouse with Dependent Vision	818	GB	72.00
Employee and Spouse without Dependent Vision	818	GC	70.00
Employee and 1 Child with Dependent Vision	818	GD	49.00
Employee and 1 Child without Dependent Vision	818	GE	46.00
Employee, Spouse and Child with Dependent Vision	818	GF	89.00
Employee, Spouse and Child without Dependent Vision	818	GG	85.00
Employee and 2 or More Children with Dependent Vision	818	GH	66.00
Employee and 2 or More Children without Dependent Vision	818	GI	63.00
Employee, Spouse and Children with Dependent Vision	818	GJ	101.00
Employee, Spouse and Children without Dependent Vision	818	GK	95.00

Blue Cross PPO **Pre-Tax**

Employee Only	120	JA	23.00
Employee and Spouse with Dependent Vision	120	JB	61.00
Employee and Spouse without Dependent Vision	120	JC	59.00
Employee and 1 Child with Dependent Vision	120	JD	41.00
Employee and 1 Child without Dependent Vision	120	JE	38.00
Employee, Spouse and Child with Dependent Vision	120	JF	76.00
Employee, Spouse and Child without Dependent Vision	120	JG	72.00
Employee and 2 or More Children with Dependent Vision	120	JH	56.00
Employee and 2 or More Children without Dependent Vision	120	JI	53.00
Employee, Spouse and Children with Dependent Vision	120	JJ	86.00
Employee, Spouse and Children without Dependent Vision	120	JK	80.00

Blue Cross PPO **Post-Tax**

Employee Only	820	KA	23.00
Employee and Spouse with Dependent Vision	820	KB	61.00
Employee and Spouse without Dependent Vision	820	KC	59.00
Employee and 1 Child with Dependent Vision	820	KD	41.00
Employee and 1 Child without Dependent Vision	820	KE	38.00
Employee, Spouse and Child with Dependent Vision	820	KF	76.00
Employee, Spouse and Child without Dependent Vision	820	KG	72.00
Employee and 2 or More Children with Dependent Vision	820	KH	56.00
Employee and 2 or More Children without Dependent Vision	820	KI	53.00
Employee, Spouse and Children with Dependent Vision	820	KJ	86.00
Employee, Spouse and Children without Dependent Vision	820	KK	80.00

Dental Employer Contribution amount	16.08
Medical Employer Contribution amount	525.02

Flexible Spending Accounts:

FSA Medical Reimbursement Deduction Code	175
FSA Dependent Care Deduction Code	176